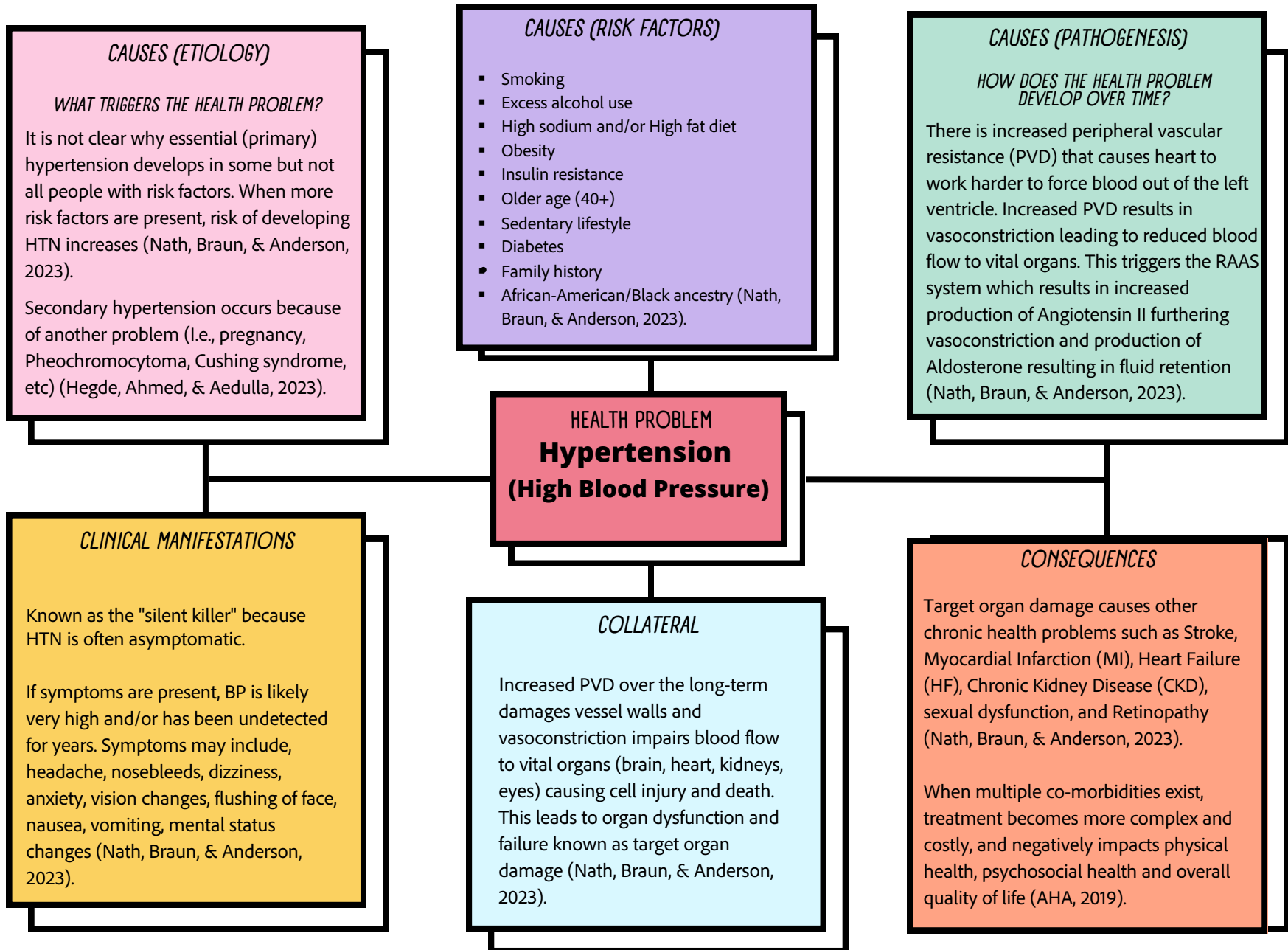


PATHOPHYSIOLOGY CONCEPT MAP



CONSIDERATIONS

The following recommendations are provided by the American Heart Association (2019):

- Routine blood pressure measurement is the best way to diagnose hypertension (secondary level of prevention). BP screening should occur annually in people 40 and older; under 40 every 3 to 5 years. The number of risk factors present may change screening to annually in under 40 group.
- Diagnosis by a healthcare provider (HCP) requires 2 measurements on 2 separate occasions where systolic blood pressure (SBP) is equal to or greater than 140mmHg or diastolic blood pressure (DBP) is equal or greater than 90mmHg. Ambulatory blood pressure measurement is helpful when access to a HCP is limited.
- Medical management includes lifestyle changes to reduce risk factors prior to or in conjunction with medication with the goal of treatment being blood pressure in the normal range.
- Nursing interventions should focus on patient education and include screening guidelines, lifestyle modifications such as weight management, DASH diet, limiting alcohol consumption, quitting smoking, and regular physical activity. Additional education should focus on safe and effective use of medication and home blood pressure monitoring.
- There are various stages of Hypertension are presented in Table 1.

Table 1

BLOOD PRESSURE CATEGORY	SYSTOLIC mm Hg (upper number)		DIASTOLIC mm Hg (lower number)
NORMAL	LESS THAN 120	and	LESS THAN 80
ELEVATED	120 – 129	and	LESS THAN 80
HIGH BLOOD PRESSURE (HYPERTENSION) STAGE 1	130 – 139	or	80 – 89
HIGH BLOOD PRESSURE (HYPERTENSION) STAGE 2	140 OR HIGHER	or	90 OR HIGHER
HYPERTENSIVE CRISIS (consult your doctor immediately)	HIGHER THAN 180	and/or	HIGHER THAN 120

References

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